MEMORANDUM

To: Hotel Manager

F & B Manager Chief Engineer

Ship's Services Manager

Chief Electrician

From: Staff Captain Date: 9th January 2002

PUBLIC HEALTH INSPECTION FORT LAUDERDALE 9TH JANUARY 2002

No./Ref	Comment	
POTABLE WATER		
1 – 08	A comprehensive cross connection control program has not been developed for this vessel.	
	Action: SSM Simplified programme to be compiled. Further discussions to take place in a separate meeting.	
	A workable cross connection control program is presently being developed, which will require input from all areas of the vessel.	
2 – 06	There were a few days when daily calibration of the halogen analyzer-chart recorder was not performer that was noted on the aft hot return for $12/15$ and the aft cold return for $12/16/$ and $11/16-17$	
	Action: On-going.	
	More stringent manual testing and monitoring to be carried out.	
3 – 03	A review of the charts noted several days where the free chlorine residual during production was not at least 2.0 ppm. This was noted on the weeks of 8/17, and 8/24 for the evaporators and the weeks of 8/17 and 12/21 for the reverse osmosis units.	
	Action: SCE On-going	
	Limits reset on RO and Evaporator production to ensure productivity is always above 2.0 ppm free chlorine residual before filling storage tanks.	
4 - 05	The free halogen residual measured by the halogen analyzer was not within \pm 0.2 ppm of the free residual halogen measured by the manual test in the aft hot return and the forward	

	cold return. The testing results were as follows:
	Aft hot return-analyzer was at 1.55 ppm while the manual test noted 1.88 ppm forward cold return-analyzer was at 1.62 ppm while the manual test noted 2.12 ppm. A second manual test taken less than five minutes later noted 2.10 ppm.
	Action: SCE On-going
	More stringent manual testing and monitoring of individual systems to be carried out in future.
5 – 08	The international shore connections in the bunker stations were not fitted with reduced pressure principal backflow prevention devices. These connections, as per engineer, have never been used. There are other international shore connections on the vessel that were fitted with the proper backflow prevention device that would serve the same purpose as the connections noted in the bunker stations.
	Stowage of reducer only, no connection to ship's fire main. Item Deleted
	The pressure differentials for the devices that are in place were not recorded.
	Action: SCE
	Backflow preventor will be tested, and pressure differentials recorded. Backflow devices to be tested and certified ashore on an annual basis. Certificates will be available for any future inspections.
	WADING POOL
6 - 10	An Anti-Vortex drain cover was not provided at the wading pool. Verify that the drain covers for the pools and spas are anti-vortex.
	Wading pool not fitted with circulatory system.
	Action: SSM Supplier BEK to be asked for a certificate. Anti-vortex drain to be fitted to wading pool.
	Two separate drains will be installed, as opposed to an anti vortex drain cover. Info: Wading pool has a circulatory system that is presently not used.
	WHIRLPOOL SPAS
7 - 10	The free halogen residual was raised to 10 ppm and circulated for 1 hour but this was not performed at the end of the day as required. There were several days when the residual was not raised to 10 ppm and circulated for 1 hour.
	Action: Chief Officer The system in which the pools are operated has now been changed and maintenance will now take place during the 8 hour shut down at night. Procedures amended to include requirement for a daily 10 ppm circulation.

	THALOSSOTHERAPY SPA
8 - 09	A review of the log noted a few days when the bromine residual was less than 1.0 ppm with no action taken.
	Action: Chief Officer Written instructions and procedures to be amended and clarified. Training for pool attendants and adjustment of pool monitoring system.
	JACUZZI-PORT
9 - 09	There were a few days where the bromine residual was noted to be 2.0 ppm with no action taken.
	Action: Chief Officer
	Written instructions and procedures to be amended and clarified. Training for pool attendants and adjustment of pool monitoring system.
	POOL 7 DECK
10 - 09	There were a few days where the free halogen residual was noted to be greater than 3.0 ppm with no action taken.
	Action: Chief Officer
	Written instructions and procedures to be amended and clarified. Training for pool attendants and adjustment of pool monitoring system.
	VENTILATION
11 - 41	Dust was noted inside air conditioning plant 29 just under the cooling fins.
	Action: SSM / HVAC
	AC Plant 29 to be cleaned.
	Air conditioning plant No.29 has been cleaned. General cleaning of fan units is on going.
	POTABLE WATER
12 - 08	The shelves for the storage of potable water hoses were not self-draining.
	Action: Chief Officer
	Drainage will be fitted.

	MEDICAL
12 02	All individuals dispensed anti-disputable mediantian years not recorded in the CLL on The
13 - 02	All individuals dispensed anti-diarrheal medication were not recorded in the Gl Log. The medical logs for the passengers and crew were not kept for one year.
	Action: PMO
	Instructions and procedures will be amended to ensure all dispensed anti-diarrheal medication are recorded. Medical logs will be kept onboard for one year.
	LIDO FOOD SERVICE
14 - 21	One ice machine gasket was torn.
	Action: SSM
	To be replaced.
	New gasket fitted – complete. Item Deleted
	FOOD SERVICE-GENERAL
15 - 21	The interiors of the fryers were not easily cleanable.
	Action: SSM / Sanitation Officer
	On-going On-going
	All have been cleaned and staff have been instructed on this issue.
	FOOD SERVICE GENERAL
16 - 27	The fryer valves were soiled with grease residue.
	Action: Sanitation Officer
	Fryer valves will be cleaned.
	All valves have been cleaned and staff instructed on this issue.
	LIDO FOOD SERVICE
17 - 16	Sliced melons in a refrigerator were 42 ° F.
	Action: Lido CDC
	Staff training to take place.
	After slicing melons they will be placed in the blast chiller to cool down before refrigeration.

18 - 16	Hot and cold foods on the service line used time as the temperature control, but the pans were not labelled with time or the opening and closing times of the service line were not noted in the plan.
	Action: Lido CDC
	Opening and closing times are now noted on the temperature sheet. Item Deleted
	<u>LIDO DISHWASHING</u>
19 - 24	The final sanitizing rinse temperature of the dishwasher and glasswasher was 150° F.
	Action: SSM
	The final sanitizing rinse temperature of the dishwasher and glass washer was 150°F. Fault rectified – Temperatures all o.k. Item Deleted.
	LIDO GALLEY
20 - 28	Wet, clean silverware was being dried with paper towels.
	Action: Lido Manager
	Staff training to take place.
	CARONIA GALLEY
21 - 27	One ice machine was soiled on the upper outside gasket with a slime, mould residue.
	Action: Sanitation Officer
	Ice machine has been cleaned and silicon seals have been put in place.
22 - 17	Food temperatures were not being monitored in the blast chiller. Also, the depth of food in pans was too deep for proper cooling.
	Action: F & B Mgr
	All food to be placed in blast chiller will be marked by the Sous Chef in charge of the production and an additional chart has been placed outside the walk in box as to what time the food has been put into the blast chiller. This temperature is taken between cooling periods.
23 - 39	An open door at the rear of the Galley to the outside of the ship was noted.
	Action: Executive Chef

	The fire doors leading into the Galley are kept closed at all times.
	FOOD SERVICE GENERAL
24 - 20	Food contact surfaces of older equipment such as ovens, refrigerators, and ice bins contained gaps, holes, corrosion and other non-easily cleanable features.
	On going maintenance
25 – 21	Non-food contact equipment such as grills, fryers, ovens, tilting pans and cabinets contained holes, gaps, open seams and other non-easily cleanable features.
	On going maintenance
26 - 33	Decks, deckheads and bulkheads contained holes, exposed piping and wiring, painted surfaces, cracked & broken deck tiles, and other non-easily cleanable features.
	On going maintenance
25 0	<u>C.A.S</u>
27 - 0	In developing the corrective action statement for this inspection, critical-item deficiencies designated with yes in critical column (worth $3-5$ points) whether debited or not, should
	include standard operating procedures and monitoring procedures implemented to prevent
	the recurrence of the critical deficiency.